

Is It Important to Biopsy Metastatic Lesions?

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Introduction

It is estimated that about 50% of patients with locally advanced stages of head and neck carcinoma will develop loco-regional or distant recurrences, mostly during the first 2 years of follow-up [1].

Case Report

We describe a 46-year-old man, active smoker (31pack per year) with a history of marked ethyl habits (330g/daily). He was first evaluated in November 2016 after having performed a biopsy of a soft palate lesion that revealed a focally keratinizing squamous cell carcinoma, cT3N0M0. Between 30/11/2016 and 13/01/2017, he underwent concurrent chemo radiation with a radical intention. He then stayed under clinical surveillance.

Three months later, he presented complaints of painful swelling in the lower third of the right lower limb, growing progressively (Figure 1 and 2). A soft tissue ultrasonography and a magnetic resonance imaging of the right leg were performed (Figure 3). It showed a neoformation with an epicenter at the distal tibial diaphysis (7.5x6.5cm in longitudinal and transverse diameter with 2.8cm in thickness). The lesion presented imagological characteristics of aggressive behavior, such as the extension to the muscle, suggestive of osteosarcoma.

He was referred to a Sarcoma Referenced Center, where a biopsy was performed. Histology revealed a bone metastasis compatible with primary of the oropharynx. A positron emission tomography showed no other secondary lesions (Figure 4). He was oriented to orthopedic consultation to evaluate the possibility of surgical resection of the



Figure 1 & 2: Images of the ulcerated lesion on the right leg

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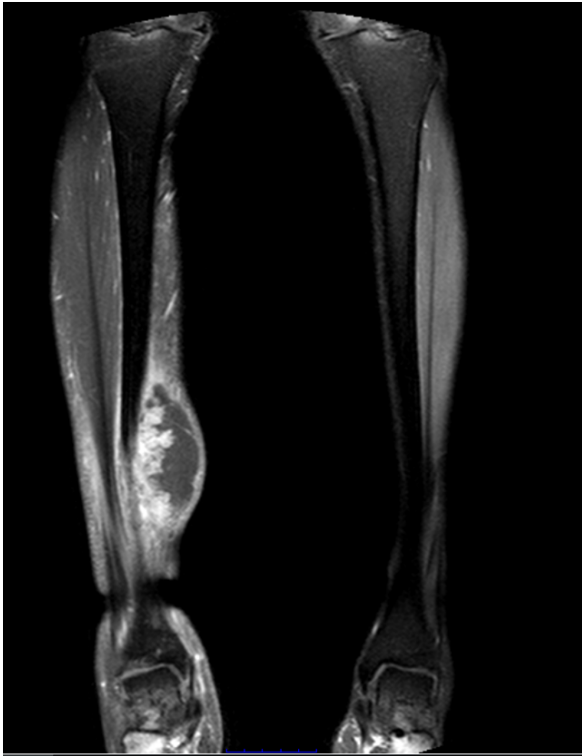


Figure 3: Magnetic Resonance Imaging lesion on the right leg

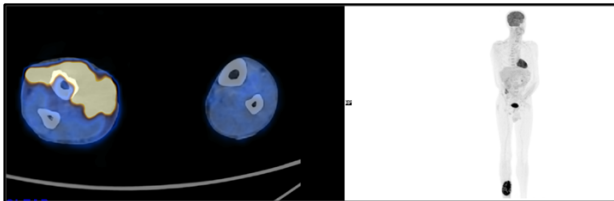


Figure 4: Positron Emission Tomography: lesion on the right leg (SUV max: 17.6)

metastasis. Owing to the progressive growth of the ulcerated lesion, preservation of limb was unfeasible. He underwent amputation of the right lower limb below the knee without complications. First line palliative chemotherapy is being performed.

Conclusion

The present case illustrates the high potential of recurrence of locally advanced tumors of the oropharynx. Distance metastasis in this case report was also a clinical challenge for diagnosis. This case highlights the fundamental role of biopsy of new metastatic lesions, in the differentiation between recurrent disease and second primary tumors.

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